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CONFIRMATION NO. 4903

<b>SERIAL NUMBER</b> 10/762,407	<b>FILING OR 371(c) DATE</b> 01/22/2004 <b>RULE</b>	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b> 1-24313
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/450,786 02/28/2003 *O.K.R.S.*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none R.S.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged <i>Robert L. Santos R.G.S.</i> Examiner's Signature Initials				

## ADDRESS

04859

## TITLE

Assist handle assembly for beds

<b>FILING FEE RECEIVED</b> 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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